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PEDIATRIC GUIDEBOOK

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DEPARTMENT OF PEDIATRICS

NAVAL HOSPITAL LONG BEACH

7500 Carson Street

Long Beach, California 90822

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WE NEED YOUR HELP

Because of the shortage of pediatricians, clinic appointments are nearly always filled, and some families must seek medical care from civilian physicians. Even with CHAMPUS, the family must pay part of the expense. We must all try to reduce unnecessary clinic and emergency room visits so that our services will remain available to those children who are in greatest need. It is also important that your sick child not be exposed unnecessarily to other sick children. Most childhood illnesses can be properly managed at home. This guidebook was carefully prepared to include the best current treatment recommendations. If your child's condition does not respond to your treatment or if you have questions, please call us. The Pediatric Clinic nurses have been specifically trained to provide telephone counseling for common pediatric conditions. The Pediatric Clinic is now also staffed by Pediatric Nurse Practitioners (nurse specialists with extensive additional training, experience, and certification in pediatrics). We will continue our efforts to provide the best possible health care for all dependent children.

PEDIATRIC SERVICES

The Pediatric Clinic is available for children through the age of fifteen. To prevent unnecessary exposure to infectious disease, please bring only those children who need to be examined to the pediatric clinic. Please arrive at the hospital at least twenty minutes before your scheduled appointment to allow time for pediatric check-in procedures (vital signs, etc.).

PEDIATRIC APPOINTMENT CLINIC: This clinic is available for well baby examinations, school and camp physicals, chronic problems, routine appointments and follow-up visits, through the Central Appointment Desk 213/420-5586 (from Orange County: 714/826-2760). From inside the hospital, you may use one of the yellow phones in the Outpatient area. SCHOOL PHYSICALS are required within 18 months prior to entering first grade (also required for all children regardless of grade if transferring from another state). A parent must accompany the child to provide the medical history, etc. Be prepared to obtain a urine sample on arrival at the Pediatric Clinic. Remember to bring your child's immunization record. WELL BABY Group Clinics have been established to provide families with the best current recommendations regarding infant care and to prevent exposure to infectious disease. Well Baby clinics for specific age groups are as follows: 2 week-Monday and Friday; 2 month-Tuesday; 4 month-Wednesday; 6 month-Thursday. You need not arrive 20 minutes early (for these Well Baby Group appointments only), however please arrive promptly at your appointment time. Routine examinations should also be scheduled for ages 12 months, 18 months and 24 months. Remember to bring your child's immunization record.

PEDIATRIC ACUTE CARE APPOINTMENTS (213) 420-5277/420-5228
PEDIATRIC ROUTINE APPOINTMENTS (213) 420-5586
PEDIATRIC TELEPHONE COUNSELING (213) 420-5318

ERRATA

1. THERE IS NO LONGER AN EMERGENCY ROOM AT THE NAVAL HOSPITAL. INDIVIDUALS ARE ADVISED TO ASCERTAIN WHERE THE CLOSEST EMERGENCY ROOM IS LOCATED TO THEIR PLACE OF RESIDENCE IN THE EVENT IT IS NECESSARY TO UTILIZE SUCH SERVICES. FOR PEDIATRIC EMERGENCIES OR REQUESTS FOR INFORMATION, THE FOLLOWING SOURCES MAY BE UTILIZED:

   A. LONG BEACH MEMORIAL HOSPITAL
      EMERGENCY ROOM (213) 595-2133

   B. CHILDREN'S HOSPITAL OF ORANGE COUNTY
      EMERGENCY ROOM (714) 997-3000 OR
                     (714) 771-8233

   C. CHILDREN'S HOSPITAL OF LOS ANGELES
      EMERGENCY ROOM (213) 669-2120

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PEDIATRIC ACUTE CARE CLINIC: Call these numbers, 213/420-5277 or 420-5228, to obtain same day appointments available Monday through Friday, 0900-1600. The acute care "walk-in" system often resulted in long clinic waiting time for sick children and their parents. For this reason, acute care is now provided by appointment only. When your child is ill and needs to be examined, you may call the Clinic beginning at 0800 to make an acute care appointment for the same day. Children who are brought to the clinic without a call will be given the earliest available appointment, however there may be a considerable wait or you may be asked to return at a later time. Please make calls brief, and be prepared to provide the sponsor's social security number, the child's age, temperature, a brief explanation of the illness and what concerns you most about your child's condition. (Be certain to tell the nurse immediately if you feel your child's condition is an emergency). Ear rechecks should also be scheduled through the acute care clinic.

PEDIATRIC TELEPHONE COUNSELING (213/420-5257): It is important that your child not be exposed unnecessarily to other sick children. Pediatric Clinic nurses have been specifically trained to provide telephone counseling for common pediatric conditions. The nurse can also help you decide if your child needs to be examined. Again, please make calls brief. Be prepared to provide the sponsor's social security number, the child's age, temperature, a brief explanation of the illness and what concerns you most about your child's condition.

IF YOU ARE UNABLE TO OBTAIN AN APPOINTMENT please DO NOT become upset with our nursing service personnel or personnel at the appointment desk - they would be pleased to help you if they could. Our pediatricians are each scheduled to see four to five acute care appointments per hour and with this heavy schedule often work through noon hours and after hours. However, because of the shortage of pediatricians, it is not always possible to obtain an acute care appointment for the same day and routine appointments may not be available for several weeks.

If you are unable to obtain an appointment, and you cannot or do not wish to wait until one is available, you should utilize CHAMPUS. CHAMPUS is a cost-sharing program developed specifically to help you when care is not available at military facilities. You will need a non-availability statement for non-emergency hospital admissions. Non-availability statements are not required for outpatient (Doctor's office or clinic) visits to civilian pediatricians or emergency admissions to civilian hospitals. Further information is available at the CHAMPUS OFFICE 213/420-5302, located across from the Pediatric Clinic.

CANCELLATION OF APPOINTMENTS: For cancellation of Pediatric ACUTE CARE CLINIC appointments, please call 213/420-5277 or 420-5228. For cancellation of PEDIATRIC APPOINTMENT CLINIC visits, please call 24-hour number 213/420-5314. Clinic appointments are nearly always filled and some families must seek care through CHAMPUS. It is therefore essential that you call the above numbers as soon as you determine that you will be unable to keep an appointment. This will ensure that a child in need can make use of your cancellation.

PATIENT CONTACT REPRESENTATIVE for Pediatrics is the Clinic Charge Nurse (213/420-5257). This individual is available to assist you with any problems or complaints related to Pediatric health care services.

THE EMERGENCY ROOM at the Naval Hospital will handle all pediatric emergencies when the Pediatric Clinic and Pediatric After Hours Acute Care Clinic are not available.

EL TORO MARINE CORPS AIR STATION - BRANCH CLINIC: Appointment Desk 714/651-2731, 2732 (For All Appointments). Pediatric Clinic 714/651-3187, 3188 (For Telephone Counseling). Appointments available 0745-1130 and 1300-1545 Monday - Friday and 1600-1845 Monday - Thursday. Well Baby Clinics are held Tuesday, Thursday, and Friday mornings.
After Hours Acute Care Problems call 714/651-3174

IMMUNIZATION CLINIC: This clinic is located next to the lobby of the Emergency Room and requires no appointment. Immunizations are given Monday through Friday from 0800 to 1200 and from 1300 to 1545. Immunizations can be given if the child has just a "runny nose" and is otherwise well. It is very important to keep your child's immunizations up to date as there is still no effective treatment for these diseases. Children less than 1 year of age must have a Well Baby clinic appointment prior to immunization. The Immunization schedule coincides with the times the well baby appointments are scheduled (2 mo., 4 mo., 6 mo., and 12 mo.) and both may be performed at the same hospital visit. Remember to bring your child's immunization record.

IMMUNIZATION SCHEDULE

2 months	DPT*	Oral polio
4 months	DPT	Oral polio
6 months	DPT	Oral polio
12 months	TB test	
15 months	MMR**	
18 months	DPT	Oral polio
4 to 6 years	DPT	Oral polio
14 to 16 years	DT and thereafter every 10 years	

*DPT:D = Diphtheria, P = Pertussis (whooping cough), T = Tetanus, (triple shot).
**MMR = Measles, Mumps, Rubella (triple shot).

COMMON SIDE EFFECTS AFTER IMMUNIZATIONS: DPT - most children will be fussy or have a slight fever for a day or two following the injection. There may be soreness or swelling in the injection area. Treatment - Acetaminophen (Tylenol, Liquiprin, Tempra) may be given for fever or discomfort. Cool compresses may relieve the soreness and swelling. MMR - there may be a slight fever, rash or swelling of the glands 7-18 days following the injection. No treatment is necessary.

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR: Health care (except for life-threatening emergencies) cannot be provided to a minor not accompanied by a parent or legal guardian without proper consent. Consent forms should be completed when a parent or legal guardian may not be able to accompany the child for all health care visits. Parents may obtain and complete these forms at the Outpatient Administrative Service Office (213/420-5404) located across from the Pediatric Clinic.

FAMILY SERVICES

Numerous services are available to help persons or families with marital, financial, mental, emotional, alcohol or drug related problems. As family problems nearly always affect the well being of children, do not hesitate to ask your pediatrician or to contact the following for further information. All such matters will be kept strictly confidential.

FAMILY SERVICE CENTER (Naval Station, Long Beach 213/547-8220, 547-8247, 547-8657): Services are provided in the following areas: Information and Referral, Counseling, Social Work, Deployment and Reunion, Relocation, Family Enrichment Programs, Consumer Management and Retired Benefits.

FAMILY ADVOCACY PROGRAM (213/420-5120): This program provides services to persons and families with problems in the areas of child-rearing including child abuse and neglect, and marital problems including spouse abuse. Services are also provided for victims of sexual assault or rape. A Family Social Worker and numerous community resources are available to offer assistance.

WIC PROGRAM: This is a free supplemental food program for pregnant women, newborn infants and children up to the age of five - for families who qualify financially.

LONG BEACH - 2125 Santa Fe Ave., Long Beach, CA. Phone: 213/435-3404.
ORANGE COUNTY - 1725 W. 17th Street, Santa Ana, CA. Phone: 714/834-7070.

WHEN YOUR CHILD IS SICK

The great majority of childhood illnesses are caused by viruses. There is no cure for viral infections and they can be easily and best cared for at home. This manual contains the advice your doctor would give you and will save you unnecessary visits to the clinic where your sick child will be exposed to other sick children. It will also help you to decide when it is

necessary for you to call the clinic for an appointment to have your child examined.

VIRAL INFECTIONS: Older children average 7 viral infections per year. Younger children average 11 viral infections per year. Children beginning nursery school may be sick almost continuously. With each illness the child develops an immunity and will not be infected with that particular virus again (this is why adults don't get sick as often as children). Unfortunately in areas with large populations, there are hundreds of different kinds of viruses: viruses that cause sore throats; viruses that cause very high temperatures (105 degrees or greater); viruses that cause "colds", diarrhea and vomiting, measles-like rashes, etc, etc. All viral infections are contagious and are spread from person to person. Viruses may be spread for several days before they cause symptoms. Your child may get infections from people who appear to be well. The more children your child is exposed to (school, nursery), the more often he will be sick. If your child is always getting sick, you are not doing anything wrong. Viral infections are a part of growing up.

ISOLATION: Children who are sick should be kept away from other children until the illness has resolved (usually 4 to 7 days).

An attempt should be made to keep babies under 6 months of age from getting sick. They should not be exposed to sick people and, if possible, should be kept away from other children.

VITAMINS: It is not necessary to give vitamins to children over two years of age. Vitamins have not been shown to be helpful in preventing or treating infections. If you use vitamins, be certain to give no more than the recommended dosage. Certain vitamins (A and D, for example) if given in greater than recommended dosages can cause serious harmful effects.

ANTIBIOTICS: Ampicillin, penicillin, erythromycin, etc., are for treatment of specific bacterial infection only. They do not help at all in the prevention or treatment of a viral illness. Antibiotics can definitely be harmful. They can cause serious allergic reactions - this will also prevent their use at a later time when perhaps urgently needed. Antibiotics kill good bacteria as well as bad (pathogens) and can result in the pathogens "taking over", causing diarrhea, fungal infections of the mouth and skin and sometimes more serious illness.

COLD AND COUGH MEDICINES (see also colds): There are hundreds of cold and cough medicines which are available both by prescriptions and over the counter. Millions of dollars are spent for these preparations and many studies have been done, but we still do not know if cold medicines help at all. The more recent studies conclude that they have no beneficial effects and can be harmful by drying up lower airway secretions and suppressing the cough reflex.

The cold medicines may also cause harmful side effects. Fussiness, hyperactivity, inability to sleep and excessive drowsiness are especially common in infants and children. For these reasons we no longer recommend them.

TREATMENT OF VIRAL INFECTIONS

There is no medicine which will make a cold or other viral infection go away faster. However, there is much that you can do to make your child more comfortable and to prevent complications. You often hear your doctor recommend "plenty of rest, plenty of fluids, acetaminophen for fever and discomfort and T.L.C.". Unfortunately, because these are relatively simple treatments they are often under-emphasized and overlooked. However, studies have shown that each of these is very important.

REST: Children take care of this themselves. They sleep more when they are sick especially when they have a fever. If when awake they are relatively happy and activity is nearly normal, there is nothing to worry about. It is best to keep children at home and indoors when they are sick. Outdoors, there is too much temptation to "overdo it". Bed rest is not necessary (often impossible).

FLUIDS: Any liquid the child likes should be readily available. Fluids help to reduce fever, to prevent dehydration and to liquify airway secretions so that they are more easily coughed up or swallowed. Children with viral illnesses will experience decreased appetite. Never force foods, for children will regain their weight loss when the illness is over. "Constipation" is common because of decreased food intake and increased fluid requirement. Do not give laxatives or enemas - they can be dangerous. Fluids, especially fruit juices, and time will resolve the problem.

ASPIRIN or ACETOMINOPHEN (See page 29 for dosage): These may be used for fever, for headaches, and for the aches and pains of viral infections. These are excellent medicines when needed; however, they are probably overused. It is recommended that aspirin not be used if your child has influenza (Flu) or chickenpox due to the possible causal relationship between aspirin ingestion and Reye Syndrome.

T.L.C.: Tender Loving Care is not emphasized enough these days. When children are ill they tend to get irritable, and we parents tend to feel frustrated and helpless. It should be remembered that no one is more important to a sick child than his parents. The old time family doctor knew how important this was. Rocking or holding your child, massaging aching muscles, and preparing chicken soup are "home remedies" that medical science has not yet been able to improve upon. The extra time and attention we give our children during times of stress is important. Nursing a child through an illness can be a very rewarding experience.

COLDS AND COUGH

These viral infections often begin with fever (sometimes quite high). There may be a sore throat. Nose and upper airway secretions develop over one to three days. The secretions are at first clear and watery and after several days may become yellow-green and thick. The secretions drip down the back of the throat (post-nasal drip) causing a cough. This is the most common cause of cough in children. The cough is a beneficial protective reflex which prevents the secretions from entering the lungs. This cough is often worse at

night and will sometimes cause vomiting in children with active gag reflexes. The cough will stop when the secretions clear up. (This may take two weeks or more.) Medicine should not be given to suppress this cough reflex.

TREATMENT OF COLDS AND COUGH

1. Plenty of fluids, rest, Aspirin or Acetaminophen, and T.L.C. Fluids are especially important to help liquify the secretions making them easier to cough up and/or swallow.

2. Vaporizer - cold air is preferred: The function of the nose is to add moisture to the air that goes to the lungs. When the nose is "stopped up", the upper airway becomes dry and irritated causing more secretions and more cough. The vaporizer helps to soothe the mucous membranes and liquify the secretions. Vaporizers are especially helpful in dry climates and in winter months when forced-air heating is used. They are also extremely helpful in the treatment of croupy coughs. Medications should not be added to the vaporizer.

3. Nasal suction syringe and tap water or saline nose drops: This is of special benefit to young infants and is helpful to all who have not yet learned how to "blow their nose". Saline nose drops may be prepared by adding 1/2 teaspoon of table salt to one cup (8 oz) of water. Fill a medicine dropper 1/4 to 1/2 full of the solution and squirt in the nose. Suck out gently with a nose or ear suction syringe. Repeat as necessary.

4. Cough and Cold Medicine: As noted above, these medicines have not been shown to be effective and may be harmful. Parents often request a medicine for the nonproductive "tickle in the throat" cough that keeps the child and the rest of the family up all night. This is best treated with a vaporizer and increased fluids. A teaspoon or two of syrup (honey may also be used in children older than 1 year) followed by a glass of water or juice may also be effective.

5. Decongestant Nose Drops: This is the only type of cold medicine that has been shown to give consistent (though temporary) relief of nasal congestion. This medicine is also helpful if your child has nose congestion and you must travel by airplane: use the drops as the plane begins to descend or land. They are available in the exchange, drug stores, and most supermarkets. There is one very significant problem: if used in too large a dose or too often, a rebound congestion and nasal blockage will occur due to the medicine itself. It is only on rare occasions that these drops are necessary. If your child is miserable due to nasal congestion, use them, but no more than 3 to 4 times a day and for no longer than 3 to 4 days. They are best used before feeding in bottle-fed infants and before bed. Lay the child on his back, and place one drop in each nostril. Wait 10 minutes and then place a second or third drop in each nostril if necessary. Examples: Children less than 2 years: 1/8% Neosynephrine Nose Drops - 2 drops every 4 to 6 hours. Children 2 to 6 years: .025% Afrin Pediatric Nose Drops - 2 drops every 8 to 12 hours. Children over 6 years: .05% Afrin Nose Drops - 2 drops every 8 to 12 hours. DO NOT OVER USE.

EAR INFECTIONS

MIDDLE EAR INFECTIONS (OTITIS MEDIA): Almost always there is a runny nose and perhaps a fever for two or three days before an ear infection develops. The child then looks sicker and appears in pain. The main symptom is ear pain. Older children will tell you they have an earache. Infants will have persistent fussiness and crying due to pain. Remember that infants may also become fussy from fever alone. If your infant has a high temperature, you should sponge him in lukewarm water (see FEVER) until his temperature is less than 102 degrees. If he continues to be fussy, he may have an earache. He may or may not pull at his ears. (Infants often pull at their ears when their nose is stopped up or because of ear wax.)

TREATMENT: Children with earaches or ear discharges should be seen in the Pediatric Clinic. If the symptoms develop at night (as they usually do), you should give the following symptomatic treatment and call the Pediatric Clinic in the morning: aspirin or acetaminophen for pain, Auralgan or similar ear drops for ear pain (do not use ear drops if there is a discharge from the ear), a heating pad to the ear (do not use while sleeping - may cause burns), a vaporizer and decongestant nose drops to decrease congestion of the nose and eustachian tube.

SWIMMER'S EAR (OTITIS EXTERNA): This condition is due to irritation of the ear canal from excessive moisture. The symptoms are an itchy and tender ear canal.

TREATMENT: Several drops of alcohol placed in the ear after swimming will dry the ear canal. A few drops of lanolin oil will relieve the itching. You should call the Pediatric Clinic if the ear becomes painful or develops a foul smelling discharge.

ALLERGIC RHINITIS

("HAY FEVER")

This is a common condition in which there is a chronic, watery runny nose and usually a nighttime cough that continues for weeks or months. There may be sneezing and breathing through the mouth instead of the nose. There is no fever and the child is otherwise well. There are usually relatives with a history of allergy, asthma, or "sinus" trouble.

TREATMENT: The most important aspect of treatment is to remove all possible allergens (things the child may be allergic to) from the home. As children spend at least 1/3 of their life in their bedroom, it is best to concentrate your efforts on that room. Most allergic children are sensitive to several different allergens. Even if your child may be allergic to allergens over which you have no control (smog, pollens), removing allergens over which you do have control (animals, dust) will definitely help and may prevent his symptoms entirely. It is especially important to keep dogs and cats permanently out of the house. You may obtain a handout, "How to Desensitize a Room", from the Pediatric Clinic. Antihistamines such as Chlortrimeton

(available without a prescription at drug stores) will help relieve symptoms but will not "cure" the allergy.

PREVENTION OF ALLERGY: Many allergists feel that babies born to families with a strong family history of allergy should be breast-fed or placed on soybean formula until 12 months of age. Feeding of solid foods should be delayed until the baby is 4 to 6 months old. This guideline is especially indicated for babies who are already showing signs of allergy (chronic runny nose or allergic rash) or if there is a family history of asthma. Foods often associated with allergy include cows milk and milk products, tomatoes, oranges, berries, wheat, semolina, buckwheat, corn, fish, shellfish, pork, chocolate, eggs, and nuts.

RASHES

RASHES IN WELL CHILDREN: Most of these are due to DRY SKIN. This is especially common in dry climates and is due to too frequent bathing. All soaps and even water will remove the protective oils of the skin, cause itching and predispose to rashes. CONTACT RASHES are spots and bumps which can be due to anything which comes in contact with the skin. Most contact rashes are due to soaps, weeds and grasses, laundry detergents, chemicals in elastic bands and clothes, belt buckles and earrings.

TREATMENT: Avoid substances which may be irritating the skin. Bathe only when necessary. Use a mild soap, such as Dove, but only when necessary. Alpha Keri oil (available at drug stores without a prescription) or similar preparations added to the bath or applied to the skin may also be helpful.

RASHES IN WELL BABIES: Babies have very sensitive skin. It is unusual to see a baby that does not have some rash on the face or diaper area. Most of these will come and go and do not bother the baby. He will not have perfect skin as long as he persists in drooling and messing his diapers. Babies are very susceptible to DRY SKIN AND CONTACT RASHES (elastic from plastic pants and clothes, laundry detergents used for diapers and bedclothes, orange juice, etc.).

TREATMENT: Avoid substances which may be irritating to the skin. Use only water when bathing your baby, except for the diaper area where a mild soap may be necessary. Use a mild soap for washing diapers, clothes and bedclothes; and be sure to rinse thoroughly.

CRADLE CAP (Seborrheic dermatitis): This is an oily, yellow, scaling rash of the scalp.

TREATMENT: Avoid using oil on the scalp. Scrub the scalp vigorously with baby shampoo and a coarse wash cloth.

DIAPER RASHES: Babies will almost always have some rash in the diaper area. Preparations such as Diaparene, A&D ointment and Desitin may be helpful; however, these should be stopped if the rash continues to get worse. Frequent diaper changes, avoiding plastic pants, and leaving the diaper off for an hour or two several times a day is the best treatment for diaper rash. "Overnight" or "12 hour" disposable diapers at night may also help.

YOU SHOULD CALL THE PEDIATRIC CLINIC IF:

1. The rash becomes pustular (looks like infected mosquito bites).

2. The skin becomes raw and weeping.

3. The rash looks bad and is not responding to the measures above.

IMPETIGO: This is a relatively common skin infection caused by bacteria. The sores contain small amounts of pus, scab over and look like infected mosquito bites. You should call the Pediatric Clinic, as this rash is best treated with antibiotics.

CHICKEN POX (VARICELLA): There may be a fever for the first few days. Most children do not become very sick. The time from exposure to onset of the rash is 11 to 21 days (usually 13 days). The rash usually begins with crops of little red spots, bumps, and vesicles which are filled with fluid and become scabbed. The rash is itchy and may cause pain if located in the mouth, ear, or vagina. The child is contagious until all the lesions have crusted over (usually 6 to 7 days after the onset of the rash).

TREATMENT:

1. Plenty of fluids, rest and T.L.C.

2. Acetaminophen for temperature or pain.

3. Keeping the fingernails clipped and clean.

4. Cool baths which will often decrease the itching (warm baths may make the itching worse).

If you are certain your child has chickenpox, you may call the pediatric clinic for a prescription to help decrease itching.

RUBEOLA (REGULAR MEASLES): This can be a serious viral illness and is now prevented by immunization. Recently, however, there have been outbreaks of measles. This is due to lack of, or inadequate, immunization. Measles immunization is now very effective and is given at 15 months of age (MMR). Your child or teenager should be re-immunized if:

1. You have no record or are uncertain of his/her immunizations.

2. He/she received measles immunization prior to 1968.

3. He/she received measles immunization when less than 12 months old.

If there is a measles epidemic in the area, all babies between 6 and 15 months should also be immunized.

RUBELLA (GERMAN/3 DAY MEASLES): This is very mild viral infection that is prevented by immunization (MMR). The purpose of rubella immunization is to eliminate the disease so that non-immune, pregnant women won't get it. Most women are immune to rubella and, therefore, are not in danger. If the pregnant woman (who has not previously had rubella and has not been immunized) is exposed to rubella, her baby may be born with serious congenital abnormalities. If a pregnant woman suspects she has been exposed to rubella, she should call her obstetrician to find out if she is immune. If it is not known whether she is immune, she should have a blood test for rubella antibody titers and receive further counselling based on the test results.

VIRAL RASHES: Most measles or rubella-like rashes seen in children are due to other viruses. There are many different viruses that can cause a rash along with causing a runny nose, fever or other symptoms. There is no treatment for the rash and most go away in 3-4 days.

YOU SHOULD CALL THE PEDIATRIC CLINIC IF:

1. Your child has a sore throat and develops a rash.

2. Your child is taking antibiotics and develops a rash.

3. Your child has severe stomach pain or looks sick and develops a rash.

VOMITING AND DIARRHEA

STOMACH FLU (VIRAL GASTROENTERITIS): This is due to viral infection of the intestines and is the most common cause of vomiting and diarrhea. Vomiting and diarrhea are not in themselves harmful. The diarrhea may be necessary to eliminate the virus from the intestines. The vomiting (if present) usually lasts several hours; the diarrhea lasts several days. There may be 2 to 3 loose stools per day for a week or more.

OTHER CAUSES OF VOMITING:

1. Most babies spit up. Infants do not have a well developed valve between the stomach and esophagus, and formula can easily come back up. If this happens excessively, you should place your baby in an infant seat for an hour or so following feedings. More frequent burping may also help.

2. Another very common cause of excessive spitting up in infants is OVER-FEEDING. (Babies often suck because of the need for sucking and not because they are hungry). Treatment for over-feeding is to decrease the amount per feeding, increase the frequency of feedings and use a pacifier.

3. Infants and children may also vomit a time or two when thay are SICK WITH COLDS OR OTHER ILLNESSES, from COUGHING (due to the hyperactive gag reflex in children), from FEVER, or from FOOD or MILK INTOLERANCE.

OTHER CAUSES OF DIARRHEA:

1. Babies' stools are normally loose. Breast-fed babies in particular may have frequent, loose stools. Some breast-fed babies normally have a stool after each feeding, while others may normally have a stool every 3-4 days.

2. Infants and children may have occasional loose stools from COLDS AND OTHER ILLNESSES, MILK or FOOD INTOLERANCE, or when taking ANTIBIOTICS, especially Ampicillin.

TREATMENT OF VOMITING AND DIARRHEA: Diarrhea and vomiting medications are no longer recommended for children. The treatment of diarrhea and vomiting is putting the stomach to rest and maintaining hydration with a special diet. Nearly all infants and children respond very well to the measures described below and can be managed at home. There are two main aspects to the diet:

1. Putting the stomach to rest with FREQUENT FEEDINGS OF CLEAR LIQUIDS (not fruit juices which may also cause diarrhea). Pedialyte R.S. and Lytren are clear liquid ready-to-use preparations that are available without a prescription at most places formulas are sold. They contain the same sugar and salt solutions that are given intravenously when infants become severely dehydrated. INFALYTE is packaged as a powder, is cheaper, and may be used for both infants and older children. It is very important to add the exact amount of water specified (32 oz) when preparing Infalyte. GATORADE may also be used for older children. Infants and children will often want to take too much at one time, causing distention of the stomach with further vomiting. If there is vomiting, it is important to begin with small amounts (sips or about 1/2 ounce every 10 to 15 minutes) and increase the amount slowly as tolerated.

2. AVOID ALL COWS MILK (cows milk formula and cows milk products) until vomiting and diarrhea have completely resolved. Children with diarrhea and vomiting are often unable to tolerate the lactose sugar in milk. Some may not be able to tolerate even small amounts of milk or milk formula for a week or so following stomach flu. SOY BEAN FORMULA (Many brand names - buy the cheapest) does not contain lactose and is available wherever cows milk formula is sold. Soy bean formulas may be used during bouts of diarrhea as described below.

VOMITING DIET

1. Do not give solid foods and discontinue all medications for at least eight hours. (Consult your physician if medication is essential).

2. Give nothing by mouth for one hour. Then give SMALL FREQUENT feedings of CLEAR LIQUIDS:

INFANTS (up to 18 months): Pedialyte R.S., Infalyte (Gatorade may be offered temporarily). Begin with 1/2 ounce every 15 minutes until vomiting stops, then slowly increase the amount.

OLDER CHILDREN: Infalyte or Gatorade starting with sips and progressing to 1-2 ounces every 20-30 minutes and slowly increase as tolerated. If these are not available, the following liquids may be offered temporarily: 1/2 strength jello water (one package per quart of water), Gingerale or 7-Up (stirred to remove carbonation), or popsicles.

3. When vomiting has stopped for 8-12 hours and the child seems hungry:

INFANTS: 1/2 strength soy formula (1/2 strength is prepared by diluting regular concentration with equal parts of water). Begin with 1/2 to one ounce every 20-30 minutes, and increase as tolerated. Breast-fed infants may resume breast-feeding. Continue to supplement with Pedialyte R.S. or Infalyte. If vomiting recurs, go back to Pedialyte R.S. or Infalyte for another eight hours.

OLDER CHILDREN: May add applesauce, bananas, rice cereal, dry toast, crackers, vanilla wafers, jell'o, rice, soup (not creamed) or dry cereals. If vomiting recurs, go back to clear liquids for another eight hours.

4. Regular diet when vomiting has stopped for 24-48 hours.

NOTE: If diarrhea is also present continue restricted diet until bowel movements are normal as per DIARRHEA DIET.

DIARRHEA DIET

DAY 1: CLEAR LIQUIDS for first 24 hours. NOTE: If vomiting is also present, give SMALL FREQUENT feedings as per VOMITING DIET:

INFANTS: Pedialyte R.S. or Infalyte (Gatorade may be offered temporarily).

OLDER CHILDREN: Infalyte or Gatorade. If these are not available, the following liquids may be offered temporarily: 1/2 strength jello water (one package per quart of water), Gingerale, or 7-Up.

DAY 2: Diet for second 24 hours:

INFANTS: 1/2 strength soy formula (1/2 strength is prepared by diluting regular concentration of formula with equal parts of water). Breast-fed infants may resume breast-feeding. Continue to supplement with Pedialyte R.S. or Infalyte.

OLDER CHILDREN: May add applesauce, bananas, rice cereal, dry toast, crackers, vanilla wafers, jello, soup (not creamed), or dry cereals. Continue to supplement with Infalyte or Gatorade.

DAY 3: Diet for 3rd day and after (until bowel movements have been normal for 1-2 days):

INFANTS: Regular strength soy formula (no cows milk formula should be given for at least one week). Continue to supplement with Pedialyte R.S. or Infalyte. For older infants the following foods may be gradually added: applesauce, bananas, and rice cereal. May return to regular diet one to two days after bowel movements are normal.

OLDER CHILDREN: Gradually return to regular diet except NO milk or milk products, raw fruits or vegetables, bran products, spices or other foods that cause loose bowel movements. No diet restrictions after bowel movements have been normal for one to two days. If diarrhea recurs, keep off milk and milk products for one week.

NOTE:

1. Do not rush through progressive diets. It will not hurt your child to go without food for several days. It is fluid intake that is important to maintain hydration.

2. Do not give diarrhea and vomiting medication or boiled skim milk.

3. Do not give aspirin if your child is vomiting or has stomach pain. If your child has a high temperature and is vomiting, sponge him in luke-warm water. When vomiting has stopped, you may use acetaminophen (see FEVER).

4. With frequent vomiting and diarrhea, the main concern is dehydration. The signs of dehydration are dry mouth with lack of saliva, lack of tears, sunken eyes and markedly decreased, or lack of, urination. Dehydration is unusual in older infants and children. Younger infants can become dehydrated more easily than older children. You should, therefore, record the number and quality of stools and the frequency of urination. Nearly all will respond very well to the measures described above and can be managed at home.

YOU SHOULD CALL THE PEDIATRIC CLINIC IF:

1. You suspect your infant or child is dehydrated (the younger the infant, the sooner you should call).

2. Your infant or child has persistant vomiting or frequent, explosive, watery stools lasting more than a few hours (the younger the infant, the sooner you should call).

3. Your infant or child has vomiting with severe headache, stiff neck, fever, and/or is difficult to arouse and looks sick (may be meningitis).

4. You suspect appendicitis. This is very rare in children less than 5 years old. The signs of appendicitis are vomiting, constipation (no diarrhea) and severe right-sided stomach pain so that the child does not want to move or walk.

5. Diarrhea or vomiting with severe stomach pain and/or bloody stools.

SORE THROAT

(PHARYNGITIS, TONSILLITIS)

Most sore throats are caused by viral infections. There may be associated fever, slightly swollen glands in the neck and decreased appetite. Mild sore throats often accompany colds. When this happens, the sore throat is often due to mouth-breathing which dries out the upper airway.

TREATMENT: Tylenol or Aspirin for pain and temperature, plenty of fluids, rest, and a vaporizer if there is nasal congestion. Salt water gargles (1 tsp. salt in 8 oz water) may help older children. Avoid mouthwashes and foods which irritate the throat.

STREP THROAT (STREPTOCOCCAL PHARYNGITIS): This is the only sore throat that should be treated with antibiotics. Typically, there is a sudden onset of sore throat with fever, vomiting, and listlessness. The throat and tonsils are very red and covered with yellow discharge (pus). There are often swollen glands in the neck which are tender to touch. A rash may sometimes develop on the second or third day of the illness (Scarlet Fever). Most often the doctor will await the results of a throat culture before beginning antibiotics. (Culture results take 24 to 36 hours.)

YOU SHOULD CALL THE PEDIATRIC CLINIC if you think your child has a strep throat or your child has a sore throat and "looks sick". If your child has a sore throat with some of the symptoms of strep, but is not sick enough to be seen by a doctor, you may come to the Pediatric Clinic between 0800 and 1600 and ask the nurse to take a throat culture. We will call you if the throat culture shows strep and will then prescribe antibiotic therapy.

FEVER

Fever is very often over-emphasized. Infants and children, especially between the ages of six months and four years, may have temperatures of 104 to 105 degrees with colds and other minor viral illnesses. The general appearance of the child is much more important than the height of the fever. Fever does not cause brain damage. Fever may actually help to eliminate the virus. Why treat fever? It is not necessary to treat fever below 102 degrees. Higher fevers will sometimes cause headaches and irritability; reducing fever will help your child feel better and help you to determine if he is "really sick". If after your treatment your child appears relatively comfortable and his fluid intake is adequate, wait before calling the Clinic. In children older than 4 months, fever without other significant symptoms seldom requires a clinic visit.

Normal temperature is usually 97.6 axillary, 98.6 oral, and 99.6 by rectum. Temperatures are normally a degree or two higher after activity. Overdressing children, especially infants, can cause very high temperatures by preventing normal heat loss through the skin.

YOU SHOULD CALL THE PEDIATRIC CLINIC IF:

1. After the temperature is lowered, your child still "looks sick", remains irritable, is difficult to arouse, or refuses to drink.

2. The fever lasts longer than three to four days.

3. Your infant is less than 4 months old and has a fever.

4. There are other significant symptoms (ear pain, sore throat, etc.).

HOW TO TAKE A TEMPERATURE

RECTAL TEMPERATURE is more accurate than axillary temperature and is generally preferred for younger infants. However, there is a risk of injury to the lower intestine if the rectal temperature is not performed properly. The infant should be placed prone (on stomach) on a flat surface or lap. Separate the buttocks with the thumb and forefinger of one hand. Gently, insert a lubricated (with petroleum jelly), blunt-tipped rectal thermometer inclined slightly downward (about 20 degrees) to a depth of 1 inch. Hold thermometer in place between the first and second fingers with your palm resting on the infant's buttocks. Remove after 2 to 3 minutes. AXILLARY (ARMPIT) TEMPERATURE is taken with either an oral or rectal thermometer held under the arm with the arm snug against the body. The armpit should be dry and the thermometer held in place 3-4 minutes. ORAL TEMPERATURE is taken with an oral thermometer (slim long bulb) placed under the tongue. Instruct the child to keep the mouth closed, but not to bite the thermometer. Leave in place for 2-3 minutes.

TREATMENT OF FEVER:

1. Plenty of clear fluids.

2. Dress the child in light clothing.

3. Tepid (lukewarm) water baths or sponge baths. Baths are especially helpful for temperatures of 104 or greater. The water should be warmed if the child begins to shiver (shivering will increase body temperature). Splash the child down for 20 minutes and retake the temperature 15 to 20 minutes after the bath. Repeat as often as necessary. Alcohol is no longer recommended.

4. ASPIRIN or ACETAMINOPHEN (Tylenol, Liquiprin, Tempra):

a. These two drugs are different. Both are effective for treatment of pain and fever, and are available without a prescription in the exchange, drug stores and most supermarkets.

b. There are many brands of acetaminophen and aspirin. There is no difference in their effectiveness. Buy the cheapest.

c. ASPIRIN or ACETAMINOPHEN should be used only when indicated (for pain or for fever greater than 102 degrees).

d. Never give aspirin if your child is vomiting or complaining of stomach pain. Some physicians feel that aspirin may be one of the causes of Reye's syndrome. It is recommended that aspirin not be used if your child has influenza (Flu) or chickenpox.

e. Acetaminophen is also preferred over aspirin in children with a family history of a bleeding disorder, children with asthma, and children with G6PD deficiency (most common in black males).

f. Aspirin and acetaminophen dosage can be estimated by age; however, dosage should be reduced if your child is underweight or if he is dehydrated. Never give greater than the recommended dosage or more often than every four hours. These are both very potent drugs and can have serious side effects. Accidental ingestions have caused many deaths. KEEP OUT OF REACH OF CHILDREN!

ASPIRIN (ASA) DOSAGE: 1 grain per year of age given every 4 hours. 1 Adult Aspirin = 5 grains. 1 Baby Aspirin = 1-1/4 grains.
Examples: a 2-1/2 year old could take 2-1/2 grains (2 baby tablets), and a five-year-old could take 1 adult or 4 baby tablets.

ACETAMINOPHEN (TYLENOL, TEMPRA, LIQUIPRIN) DOSAGE: READ PACKAGE-DOSAGE MAY VARY WITH BRAND. For Tylenol: Drops =80mg per 0.8ml (full dropper). Elixir=160mg per teaspoon (5ml). Adult tablets=325mg.

TYLENOL DOSAGE BY AGE GIVEN EVERY 4 HOURS

AGE	0-3 Mon.	4-11 Mon.	12-23 Mon.	2-3 Yrs.	4-5 Yrs.	6-8 Yrs.	9-10 Yrs.	11-12 Yrs.
Drops (80mg per 0.8ml)	0.4ml	0.8ml	1.2ml	1.6ml	2.4ml	---	---	---
Elixir (160mg per tsp)	---	1/2tsp	3/4tsp	1tsp	1 1/2tsp	2tsp	2 1/2tsp	3tsp
Tablets (325mg)	---	---	---	---	---	1tab	1tab	1tab

INJURIES

BURNS: Immerse in cold water immediately after the injury for 5 to 10 minutes. This will markedly reduce the severity of the burn.

BUMPS AND BRUISES: Apply ice compresses as soon as possible after the injury. Hold firmly against the area for 5 to 10 minutes. Younger children

will often resist; however, you must be persistant if you wish to reduce subsequent swelling and bruising.

MINOR JOINT, LIGAMENT AND MUSCLE INJURIES: Apply ice compresses to the area as soon as possible after the injury. Rest and elevate the injured area also. Begin warm compresses or soaks 24 hours after the injury four times per day for 20 minutes. Gradually return to normal activity.

ABRASIONS, SCRAPES, MINOR CUTS: Cleanse with soap and water. Most will heal best if exposed to the air and kept clean. Use a bandage when necessary to keep clean or for psychological value. If your child has a more serious injury or needs stitches, remember to bring his immunization record with you to the clinic/Emergency Room.

TETANUS TOXOID AT THE TIME OF INJURY: No booster is needed in a fully immunized child for clean minor wounds unless it has been more than 10 years since the last dose. For more serious and/or dirty wounds, a booster should be given if it has been more than 5 years since the last dose.

NOSE BLEEDS: These are common in children. Almost always the bleeding is from the anterior septum (front middle divider) of the nose. The best treatment is to grasp (tweak) the nose with your thumb and forefinger and squeeze applying firm, continuous pressure for a full ten minutes. Repeat if necessary. Do not release the pressure even momentarily before 10 minutes as this will remove the clot. The child should remain in a sitting position until the bleeding has stopped. The most common causes of nose bleeds are trauma (picking at the nose), dry air and nose congestion.

Prevention:

1. Keep the child's fingernails clipped.
2. Use a vaporizer or humidifier.
3. Apply a small amount of Vaseline to the anterior septum of the nose.

PROTECT YOUR CHILD

We parents tend to worry too much about our children when they are sick and not nearly enough about accidents. Accidents kill more children 1 to 15 years of age than do the six leading medical causes of death combined (birth defects, cancer, infections, etc.); and of the medical causes, only a fraction are treatable. A good car seat is likely to be more important to your child's well-being than a good pediatrician.

CAR SEATS: Hundreds of thousands of injuries occur to children riding as passengers each year. In older children, using seat belts reduced deaths by 81% and serious injuries by 64%. In children under 5, the proper use of car seats (with the child properly strapped in) reduced deaths by 91% and serious injuries by 78%. It is very important to take the time to properly strap in the child. Adult seat belts should not be used for children under 40 lbs. or for children less than 4 years old. Adult shoulder straps may cause serious neck injuries in children less than 55 inches tall.

California law now requires proper use of approved car restraints for all children less than 4 years of age or weighing less than 40 pounds. Information on currently recommended car seats is available for review in the Pediatric Clinic.

ACCIDENT PREVENTION DO'S AND DON'TS:

DO use a safe crib for your infant with slats less than 2-3/8 inches apart and a mattress that fits snugly against the side of the crib.

DO examine toys before purchase to be certain thay are safe.

DON'T set your hot water heater thermostat above 125 degree F (52 degrees C). Higher settings have caused severe burns.

DON'T tie pacifiers or other objects around your baby's neck. This practice has resulted in strangulation.

DON'T leave your infant in a parked car. This practice has caused heat stroke.

DON'T leave your small infant unattended in an unsafe place. Infants often roll over for the first time when you least expect it.

DON'T place your baby's infant seat in a shopping cart or other unsafe place. This is a very common cause of falls - even younger infants can tip them over.

DON'T use Q-tips or anything else to clean the inside of your child's ear. This practice will only push the wax in further, and a sudden move could cause permanent ear damage. Wash only the outer ear when cleaning.

DO accident-proof your home. This endeavor is especially important for toddlers. Put yourself in his place, look around you, and eliminate everything that could possibly cause harm.

DO keep all medicines, aspirin and acetaminophen, iron preparations, insecticides, cleaning agents, detergents and other poisons in a locked cabinet.

DO obtain a poison kit. These kits contain Ipecac and are available on request in the Pediatric Clinic. Please see the section on first aid for poisoning.

DO teach your toddler street safety.

DO teach your children fire, bicycle, swimming and driving safety.

DO become familiar with heart and lung resuscitation (CPR) techniques - free demonstrations are given in nearly all communites by schools, rescue squads, the American Heart Association, American Red Cross, and other groups.

DO be a good example.

FIRST AID FOR POISONING

The principle of first aid is to get the poison OUT or OFF or to DILUTE it. Immediately call Poison Control (24-Hour Numbers) for futher information and instructions:

ORANGE COUNTY (UCIMC) POISON CONTROL CENTER (714) 634-5988.

LOS ANGELES (LACMA) POISON CONTROL CENTER (213) 484-5151.

SWALLOWED POISONS:

1. Call Poison Control for information and instructions.

2. Dilute poison by giving 1 glass of water.

3. Be prepared to induce vomiting if recommended by Poison Control. The treatment for ingestion of most poisons is to empty the stomach by vomiting. This can best be done by using Ipecac (available in your Poison Kit).

DO NOT induce vomiting or use Ipecac if:

a. The substance ingested was strichnine.

b. The substance ingested was a strong corrosive (lye, acid, drain cleaner, etc).

c. The substance ingested was a petrolum distillate such as kerosene, gasoline, coal or fuel oil, paint thinners or cleaning fluids.

d. The child is unconscious or having a convulsion.

IPECAC SYRUP DOSAGE:

Child 1 to 5 years of age: Give 1 Tablespoon (1/2 ounce) Ipecac plus one glass of water. If no vomiting occurs in 20 minutes this dose may be repeated once only.

Child over 5 years of age: Give 2 Tablespoons (1 ounce) Ipecac plus one glass of water.

4. Keep the child upright and DO NOT leave him unattended.

5. If the child needs to be seen by a doctor, it is best to take him/her to the nearest Emergency Room. (Drive Carefully). Remember to bring the container of the substance ingested and any vomited material with you.

INHALED POISONS (Examples are Fuel Gases, Auto Exhaust, Dense Smoke from Fires, and Fumes from Poisonous Chemicals):

1. Get victim to fresh air. Loosen clothing.

2. If victim is not breathing, give artificial respiration. Have someone else call for paramedic assistance.

EYE CONTACT WITH POISON:

1. Immediately but gently, wash out eye with a large amount of water and with eyelids held open. Irrigate from nose outward. Continue eye irrigation for 10 to 15 minutes.

2. Remove contact lenses if worn. Never permit eye to be rubbed.

3. Call Poison Control for further information regarding treatment.

SKIN CONTACT WITH POISON (Examples are Acids, Lye, Other Caustics, Pesticides, etc.):

1. Wash off skin immediately with running water for 10 to 15 minutes.

2. Call Poison Control for further information regarding treatment.

POISONING CAN BE PREVENTED - Ask for your Poison Prevention/Treatment Kit at the Pediatric Clinic.

RECOMMENDED READING

We seldom have as much time to spend with parents as we would like. Fortunately, there are now many excellent, inexpensive paperback books covering all aspects of child care. As studies continue to be done, some recommendations will change. Try to purchase books with recent copyright or revision dates. This Guidebook will be revised as new developments occur.

Better Homes and Gardens Baby Book written by several physicians covers prenatal period through the sixth year of life.

How to Raise Children at Home in Your Spare Time; Gersh, M.

Childhood Illness; Shiller, J.

Other excellent books include: Baby and Child Care, Spock, B.; The Complete Book of Breast Feeding, Eiger, M., Olds, S.; Guide to Buying for Babies, Consumers Union; The First Five Years, Pomeranz, V.; Between Parent and Child, Ginott, H.